

NHS GREATER GLASGOW AND CLYDE

NHS Board Meeting
16 February

Paper No. 10/03

Director of Acute Services Strategy, Implementation & Planning

Vale of Leven Vision: Update on Implementation

Recommendation

Board Members are requested to receive an update on progress with implementation of the Vision for the Vale of Leven Hospital.

1. BACKGROUND AND CONTEXT

1.1 Following a period of formal consultation from November 2008 to January 2009 and Board's decision in February 2009, the Board's Chair submitted a recommendation on the Vision for the Vale of Leven Hospital to the Cabinet Secretary in March 2009. In July 2009, the Cabinet Secretary set out her acceptance of the Vision in a letter to the Chair and:

- Approved the Board's main proposals;
- Reserved final decision on the future of the Christie Ward pending a further report from NHSGGC confirming levels of admission in 12-18 months' time;
- Set out the requirement for NHSGGC to carry out promotion of current and future services provided from the Vale; and
- Requested the appointment of a Monitoring Group to oversee development and delivery of the service change plans.

1.2 In August 2009, a paper setting out how the Vision was to be implemented was presented to the Board.

1.3 This paper sets out progress with implementation of the Vision.

2. UPDATE ON PROGRESS WITH IMPLEMENTATION OF THE VISION

Structures to Oversee Progress

2.1 A number of fora have been established / utilised to ensure progress as follows:

- A Board wide group, with the relevant organisational entities involved, chaired by the Board's Chief Executive. This group met 6 weekly for the first 4 months and thereafter it has been agreed that meetings should occur every 3 months.
- An Acute Division / Acute Planning Group chaired by the Chief Operating Officer. This group met fortnightly for the first 4 months and thereafter it will meet bi-monthly with implementation now well underway as set out below.

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- The Mental Health Partnership meetings chaired by the Director of Mental Health Partnership. This group discusses progress on implementation at meetings on a regular basis.

Progress on the Main Components of the Vision

Unscheduled Care / Rehabilitation Models

Unscheduled Care Model

- 2.2 Work is underway to finalise the unscheduled care model which will be Consultant led with GPs in support as key partners. Meetings are underway with Consultant Physician and GP Colleagues to agree the various components of the model which have been positive. Under the Vision, the following model is proposed:

Cover During the Week:

- Physician of the week on site Monday 9am to Friday 5pm;
- Physician of the week will see all admissions in previous 24 hours;
- Daily Physician ward rounds with every patient being seen at least twice per week;
- Patients requiring sub-specialty input will be transferred to Royal Alexandria Hospital (RAH).

Weekend Cover:

- 2nd on RAH Consultant will see all Vale admissions in previous 24 hour period on both Saturday and Sunday following the RAH morning ward round.

On-Call:

- After 5pm the On-call Physician will be on call for both RAH and Vale simultaneously.

Rehabilitation Model

- 2.3 Work is underway to finalise the rehabilitation model with the Acute Physicians and GPs.
- 2.4 The service at the Vale of Leven will support post-admission care of appropriate patients admitted through the acute medical service in Vale of Leven and will also provide near to home rehabilitation for patients admitted initially to the RAH via Acute Medicine and Medicine for the Elderly. Orthopaedic rehabilitation will also be provided following transfer from the RAH as is currently the case. Day Hospital and outpatient services will also be provided.

General

- 2.5 There are a number of underpinning factors crucial to the successful implementation of the unscheduled care and rehabilitation models including:
- Consultant recruitment which is well underway with a number of appointment committees scheduled throughout January, February and March.
 - Junior medical staffing - the plans for the allocation of junior medical staffing at both the Vale of Leven Hospital and at the RAH to support the increased in flow of activity to this site are nearing completion.

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- Nursing staff - the organisational change process for nursing staff affected by implementation of the Vale of Leven vision is now well underway. There have been open meetings for nursing staff in December and one to one meetings are being conducted for all nursing staff affected by these changes.
- Capital development to ensure an adequate numbers of beds on both the RAH and Vale sites – the level of capital required has been identified in the Board's capital plan and work is currently underway to ensure completion of necessary capital works.

Planned Care Model

2.6 The Vision set out that in planned care there would be significant levels of repatriation of activity to the Vale of Leven Hospital:

- From August 2009, this process started in Orthopaedics, with active management of all patients with a Vale of Leven catchment postcode being repatriated to clinics at the Vale of Leven where clinically appropriate. The repatriation of clinics to the Vale will continue to be delivered on a phased basis over 2010. Complex specialist conditions continue to be treated at the RAH;
- A new Consultant Urologist has been appointed who, as part of their job plan, will serve the Vale of Leven. This will enable the full repatriation of urology patients as clinically appropriate, to be in place by end March 2010;
- General surgery patients continue to be seen at the Vale for all except complex specialist conditions requiring attendance at RAH;
- Ophthalmology repatriation will commence with the completion of the new outpatient facilities in Ward 4 from May 2010;
- Clinic expansion in Rheumatology is subject to ongoing physician recruitment.

Mental Health Update

2.7 For Adult Mental Health, a monitoring framework has been provided for the Monitoring Group (see section 4 below), which aims to demonstrate the point at which patterns of inpatient and community activity are consistent with sustainable and ongoing bed use at the lower level of 12 beds. This will then trigger the submission to the Cabinet Secretary to further review the proposal to transfer this adult mental health inpatient activity from Christie Ward at the Vale of Leven to Gartnavel Royal.

2.8 The monitoring framework has been agreed by the monitoring group and provides the basis to assess the before and after impact of the developments in community services (2007) on patterns of inpatient bed use. The monitoring framework demonstrates that the current position, compared to the position before the developments in community services, has to date seen modest reductions in bed use as follows:

- Admissions reduced (particularly last 3 months 13 per month baseline now 10 per month last 3 months);
- Occupied bed days reduced by 1.5 beds, but using 16.7 beds which is above 12 bed target level;
- Delayed discharges not reduced and particular issues in last 3 months;
- Readmissions reduced;
- Length of stay static except last 3 months which have seen this rise from 43 days to 55 days (compared to 30 days average in Greater Glasgow).

2.9 In summary, the picture is mixed with movement downward in overall bed use but with some way to go to achieve bed use of 12 beds. However, if the length of stay issues are resolved and brought down to Greater Glasgow averages, bed use would then fall to nearer 10 beds, i.e. below the 12 bed projected level.

Mental Health Services for Older People

- 2.10 In relation to elderly mental health, the Vale vision set out the plan to enable elderly people with mental health problems to be cared for in an elderly ward (Fruin Ward) with distinct space for functional patients and separately for organic patients. Elderly people with functional mental illnesses are currently managed in the predominantly adult oriented Christie ward. In order to implement the transfer of the 6 beds from the Christie Ward to Fruin Ward, a programme of minor improvement works to Fruin Ward commenced in January and is due for completion at the end of March. This will allow the transfer of the beds and patients to be achieved during April 2010. Existing staff have been identified to transfer with the beds.

Alexandria Health Centre

- 2.11 An Outline Business Case (OBC) for the Alexandria Health Centre was submitted to the Scottish Government Capital Investment Group in March 2009. As yet, there has not been agreement to the OBC because of concerns about the perceived centralisation of dental services in the Health Centre. Discussions are ongoing to resolve this issue.

Scottish Ambulance Service

- 2.12 Agreement has been reached with the Scottish Ambulance Service (SAS) to put in place the additional resources required to ensure adequate blue light ambulance services and Patient Transport Services (PTS) in taking forward the Vale Vision. This includes the provision of 24/7 Paramedic response units at the Vale of Leven Hospital and in the Helensburgh Ambulance Station.

Capital projects

- 2.13 The capital required to underpin delivery of the Vision has been agreed and is in the Board's Capital Plan. Capital works are currently underway at both the RAH and Vale.

3. COMMUNICATION AND PUBLICITY PLAN

- 3.1 As noted in section 1 above, the Cabinet Secretary requested that the Board publicise services at the Vale of Leven.
- 3.2 Work is underway to progress development of the Communication and Publicity Plan which will include the following components:
- A leaflet to be shared with all householders in the catchment area (to be published once the models are finalised);
 - A patient's leaflet to be set out with appointment letters;
 - Creation of a website;
 - Advertising in the local media;
 - Community engagement in high footfall areas;
 - Ongoing communication and engagement with staff.
- 3.3 The draft communication and publicity plan was shared with the Monitoring Group at their 2nd meeting held on 25 January 2010 and comments made will be taken on board.

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- 3.4 The communication and Publicity Plan for the Community Midwifery Unit (CMU) is well established with regular Marketing Steering Group meetings being held, Chaired by the CHP. Work has included:
- Audit and analysis of the reasons women chose not to give birth at the CMU (both qualitative and quantitative). This has found that 60% of women could not give birth at the CMU even if this was their choice because of background health issues or complications;
 - Leaflets and posters created;
 - A website created;
 - Schoolbag drop;
 - Briefings and displays.
- 3.5 Local Midwives have a central role in promotion of the CMUs and talk with women and families about options and preferences.
- 3.6 It should be noted that in recent months, activity levels, in terms of numbers of births, at the CMU have increased. The full range of ante-natal and post-natal services continue to be provided at the CMUs.

4. CREATION OF THE MONITORING GROUP

- 4.1 The Vale of Leven Monitoring Group met for the 2nd time on 25 January 2010 with meetings scheduled to occur every 2 months. The meeting is Chaired by Bill Brackenbridge, Chair of Argyll and Bute Community Health Partnership (CHP). There is wide membership with local groups, CHPs, Councils across West Dunbartonshire and Helensburgh and the Lochside represented. There is also senior representation from the two Boards.
- 4.2 Emphasis has been placed on each member feeding back to and from the groups they are representing into the Monitoring group.

RECOMMENDATION

Board Members are requested to receive an update on progress with implementation of the Vision for the Vale of Leven Hospital.

Helen Byrne
9 February 2010